

**ARIZONA ADMINISTRATIVE CODE**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES**

**EMERGENCY MEDICAL SERVICES**

**ARTICLE 8**

**RULES EFFECTIVE JANUARY 3, 2004**

## EXPLANATION

Rules in Article 8 are amended or added to make the rules consistent with rule amendments in 9 A.A.C. 25, Articles 1 through 6, approved by the Governor's Regulatory Review Council on November 4, 2003 and effective January 3, 2004. Specifically:

- R9-25-801 is amended to add an incorporation by reference deleted from 9 A.A.C. 25, Chapter 6, to update references to other rules, and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-802 is amended to delete incorporations by reference added elsewhere in 9 A.A.C. 25 and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-804, R9-25-806, and R9-25-807 are technically amended to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-805 is amended to conform the rule requirements to current and accepted practice in the EMS community and to make terminology consistent with terminology found elsewhere in 9 A.A.C. 25.
- R9-25-808 is added to continue an EMT-B's extended scope of practice, which was previously in R9-25-509 and was deleted from 9 A.A.C. 25, Chapter 5.

## CHANGES

Rule	Rulemaking Action
R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P	Amended
R9-25-802. EMT's Scope of Practice	Amended
R9-25-803. Protocol for Drug Box Procedures	No Change
R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport	Amended
R9-25-805. Protocol for IV Access by an EMT-B	
Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics	Amended
Exhibit 2. Course Outline	Amended Amended
Exhibit 3. IV QA Form	Repealed
R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques That May Be Administered or Performed By an EMT	Amended
R9-25-807. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident	Amended
R9-25-808. Protocol for an EMT-B to Perform Endotracheal Intubation	New Section Added

**R9-25-801. Protocol for Administration of a Vaccine, an Immunizing Agent, or a Tuberculin Skin Test by an EMT-I or an EMT-P**

- A. In this rule “immunization clinic” means an event organized for the purpose of administering a vaccine, an immunizing agent, or a tuberculin skin test.
- B. After meeting the training requirements in subsection (C), an EMT-I or an EMT-P is authorized to administer:
  - 1. A vaccine or an immunizing agent recommended by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Immunization Program; or
  - 2. A tuberculin skin test.
- C. An EMT-I or an EMT-P shall complete immunization training that:
  - 1. Meets all requirements established in the ALS Prehospital Provider Immunization Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department’s Bureau of Emergency Medical Services; and
  - 2. Is approved by the EMT-I’s or EMT-P’s administrative medical director.
- D. An EMT-I or an EMT-P may administer a vaccine, an immunizing agent, or a tuberculin skin test:
  - 1. For an agency sponsoring an immunization clinic;
  - 2. During a scheduled immunization clinic; and
  - 3. Under the direction of a physician under contract with the agency sponsoring the immunization clinic, as required in subsection (F).
- E. An EMT-I or an EMT-P who administers a vaccine or immunizing agent authorized in subsection (B) shall:
  - 1. Provide immunization information and written immunization records consistent with and as required in Title 9, Chapter 6, Article 7;
  - 2. Receive signed, written consent consistent with and as required in Title 9, Chapter 6, Article 7; and
  - 3. Provide documentary proof of immunity consistent with and as required in Title 9, Chapter 6, Article 7.
- F. The agency sponsoring an immunization clinic shall have a written contract with a medical director who:
  - 1. Is qualified under R9-25--204 or R9-25-205; and
  - 2. Is accessible by telephone, beeper, two-way radio, or in person at the time when the vaccine or immunizing agent is administered.

**R9-25-802. EMT's Scope of Practice**

An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:

- 1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
- 2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
- 3. In a manner consistent with R9-25-410; and
- 4. According to protocols established in this Article.

**R9-25-803. Protocol for Drug Box Procedures**

- A. In addition to the definitions in R9-25-101, the following definitions apply in this protocol unless otherwise specified:
1. "Accredited health care institution" means the same as the definition in A.R.S. ' 36-401.
  2. "Accredited hospital" means the same as the definition in A.R.S. ' 36-401.
  3. "Agency" means the same as the definition in R9-25-101.
  4. "Base hospital" means the same as the definition of "advanced life support base hospital" as defined in A.R.S. ' 36-2201.
  5. "Base hospital medical director" means a physician who meets the requirements in R9-25-207.
  6. "Controlled substance" means the same as the definition in A.R.S. ' 32-1901(12).
  7. "Drug" means any of the medications in Exhibit 1 and Exhibit 2.
  8. "Drug box" means a container to hold the drugs in Exhibit 1.
  9. "EMT-B" means a basic emergency medical technician and is the same as the definition in A.R.S. § 36-2201.
  10. "Independent supplier" means an entity permitted by the State Board of Pharmacy pursuant to A.R.S. § 32-1929 to sell or stock drugs.
  11. "Interfacility transport" means a prearranged ambulance transport of an individual receiving medical care from 1 licensed accredited hospital or licensed accredited health care institution to another licensed accredited hospital or licensed accredited health care institution.
  12. "License" means the written authorization issued by the Department under A.R.S. Title 36, Chapter 4.
  13. "Monitor" means:
    - a. To observe the administration rate of a drug and the response to the drug by the individual receiving the drug, or
    - b. The ongoing responsibility to check the contents of a drug box as required in subsection (C)(4).
  14. "Physician" means an individual licensed pursuant to A.R.S. §§ 32-1301 or 32-1701.
  15. "Qualified EMT-I" means an intermediate emergency medical technician who has completed the:
    - a. EMT-Intermediate National Standard Curriculum 1998, as contained in the Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference in R9-25-802(3)(b); or
    - b. Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference in R9-25-802(3)(c).
  16. "Registered nurse" means an individual licensed pursuant to A.R.S. § 32-1601.
- B. Only an individual authorized under R9-25-608 (B) or a registered nurse may administer a drug under the medical direction of a medical direction authority.
1. When a controlled substance is ordered, an EMT-I, EMT-P, or registered nurse shall document the order on a first care form and a medical direction authority shall sign the form.
  2. A copy of the first care form in subsection (B)(1) shall be delivered to the pharmacy of the base hospital or receiving health care institution within 72 hours after the order is issued.

- C. A base hospital, receiving health care institution, or independent supplier who elects to provide the drugs listed in Exhibit 1 to an agency shall establish a written agreement with the agency to document:
1. Written policies established by the base hospital, receiving health care institution, or independent supplier addressing requirements for secured drug boxes, distribution of drugs, drug box recordkeeping, and reporting.
  2. An agency's responsibility to provide a base hospital, a receiving health care institution, or an independent supplier with drug boxes that:
    - a. Are washable.
    - b. Are capable of being locked.
    - c. Are large enough to contain all of the drugs listed in Exhibit 1.
    - d. Include a listing of the location and identification of drugs.
  3. An agency's assurance that:
    - a. A drug box is stored in a locked compartment which provides security and that restricts movement of the drug box while vehicle is in motion.
    - b. Unauthorized individuals do not have access to a drug box.
    - c. The contents of a drug box are maintained at temperatures recommended by the drug manufacturer.
    - d. When a drug box is assigned to an EMT-I, EMT-P, or a registered nurse, the name of the EMT-I, EMT-P, or registered nurse, and the time and date of assignment are recorded in writing. An agency shall maintain the record for 30 calendar days from the date of entry.
  4. An EMT-I, EMT-P, or a registered nurse shall:
    - a. Monitor the contents of a drug box for expired drugs, deteriorated drugs, damaged drug containers or labels, altered drug containers or labels, or missing drugs. If any of these conditions occur, the EMT-I, EMT-P, or registered nurse shall notify the supervisor of the EMT-I, EMT-P or the registered nurse, the base hospital, the receiving health care institution's pharmacy, or the independent supplier and return the affected drugs to the base hospital, the receiving health care institution's pharmacy, or the independent supplier.
    - b. Verify the inventory of a drug box by conducting an inspection of the drug box before delivery to the next assigned EMT-I, EMT-P, or registered nurse. The verification shall be in writing and contain the name or EMT certification number of the EMT-I, EMT-P, or registered nurse conducting the inspection and date and time of inspection.
    - c. Record each administration of a drug on the individual's first care form and follow the reporting requirements in R9-25-615.
- D. Within 72 hours of the discovery of any conditions in subsection (C)(4)(a) for a controlled substance, a base hospital, a receiving health care institution, or an independent supplier shall notify the Department by telephone or facsimile transmission specifying the date of discovery, type of controlled substance involved and type of exception. If the notification is by telephone, the base hospital, the receiving health care institution, or the independent supplier shall send to the Department by certified mail the information contained in this Section.

- E. An agency shall exchange or resupply drugs only from a base hospital, a receiving health care institution, or an independent supplier with which the agency has a current written agreement for resupplying drugs:
1. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that mandates a drug box-for-box exchange, the agency shall obtain sufficient drug boxes to assure the agency's acquisition of a new drug box within 30 minutes of the return of a used drug box to the base hospital or the receiving health care institution.
  2. If an agency is obtaining drugs from a base hospital, a receiving health care institution, or an independent supplier that allows drug-for-drug exchange, the agency shall ensure that an EMT-I, EMT-P, or a registered nurse documents the exchange on a form that includes the name of the drug exchanged and the date and time of exchange.
- F. Except as provided in subsection (I), a base hospital's pharmacy, a receiving health care institution, or an independent supplier shall provide the contents of a drug box in the supply ranges set forth in Exhibit 1.
- G. Except for a controlled substance, a medical director of a base hospital may request permission to provide a drug in an amount that exceeds the supply range in Exhibit 1.
1. The medical director of a base hospital shall submit a request in writing to the Department that contains:
    - a. The name of the agency for whom the exception is being requested,
    - b. The name of the drug,
    - c. The additional amount of the drug being requested,
    - d. The reason for the request, and
    - e. The signature of the medical director.
  2. Within 15 working days after receipt of a request, the Department shall review the request and:
    - a. Approve the request after determining that the request protects public health and safety based on such factors as the response area, response time, or location of supply;
    - b. Deny the request after determining that the request fails to provide for protection of health and safety.
- H. A certified emergency medical technician authorized by R9-25-508 or R9-25-608 shall receive approval of the base hospital medical director before interfacility transport of an individual receiving any drug listed in Exhibit 2. An EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug before monitoring an IV infusion delivery during interfacility transport of an individual. Before an infusion pump is used for drug delivery, an EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug and the use of the infusion pump that will be used to administer the Exhibit 2 drug.

**Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List**

**EMT-P AND QUALIFIED EMT-I DRUG LIST**

AGENT	CONCENTRATION	SUPPLY RANGE
ADENOSINE	6 mg/2 mL	5 - 6

Arizona Department of Health Services, Bureau of Emergency Medical Services

This is an unofficial copy of exempt rules filed with the Secretary of State on 12-24-03

These rules are effective 1-03-04.

ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6  1 bottle  2-6 bullets
AMIODARONE (optional)	150 mg/6 mL	2 - 3
ASPIRIN	81 - 325 mg	36 - 100
ATROPINE SULFATE	1 mg/10 mL pre-filled syringes	3 - 4
ATROPINE SULFATE	8 mg/20 mL	1 - 2
BRETYLIUM TOSYLATE (optional)	500 mg/10 mL	1 - 3
CALCIUM CHLORIDE	1 g/10 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g/50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/ 2 mL  10 mg twin pack pediatric (Total 20 mg)	2  1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
DOPAMINE HCl	400 mg/5 mL or 400 mg/250 mL dextrose 5% in water (D <sub>5</sub> W)	1 - 2  1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL 30 mL multidose vial	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	6 - 8
FUROSEMIDE  or If FUROSEMIDE is not available, BUMETANIDE	20 mg/2 mL, or 40 mg/4 mL, or 100 mg/10 mL  0.25 mg/1 mL	4 4 2  4-8
GLUCAGON	1 mg with 1 mL diluting solution dose pack	1 - 2

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IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4
LIDOCAINE HCl IV	100 mg/5 mL prefilled syringes	3 - 4
LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL dextrose 5% in water (D <sub>5</sub> W)	1 - 2  1 - 2
MAGNESIUM SULFATE	1 g/2 mL	4 - 10
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2 - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl  or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL  2 mg/2 mL	10 mg     1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle  0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles  1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
VERAPAMIL HCl	5 mg/2 mL	2 - 3
NITROUS OXIDE (optional)	Nitrous Oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self-administration mask	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 4 4 2 2
FILTER NEEDLES	5 micron	3
NON - FILTER NEEDLES		assorted sizes



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<b>INTRAVENOUS SOLUTIONS:</b> (Bulk restricts inclusions of all fluids in drug box)		
DEXTROSE, 5% in water	250 mL bag	1
LACTATED RINGER'S	1 L bag	4 - 8
NORMAL SALINE	1 L bag	4 - 8
NORMAL SALINE	250 mL bag	3
NORMAL SALINE	50 mL bag	2

\* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

**EMT-I DRUG LIST**

<b>AGENT</b>	<b>CONCENTRATION</b>	<b>SUPPLY RANGE</b>
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6      1 bottle    2 - 6 bullets
ASPIRIN	81 - 325 mg	36 - 100
ATROPINE SULFATE	8 mg/20 mL	1 - 2
CHARCOAL, ACTIVATED (without sorbitol)	25 g	2 - 4
DEXTROSE	25 g /50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL    10 mg twin pack pediatric (Total 20 mg)	2    1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	3 - 6
FUROSEMIDE    or If FUROSEMIDE is not available, BUMETANIDE	20 mg/2 mL, or 40 mg/4 mL, or 100 mg/10 mL    0.25 mg/1 mL	4 4 2    4 - 8

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GLUCAGON	1mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE* 0.02%	2.5 mL Unit dose	2 - 4
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	5mg/5ml	2 - 4
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl  or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL  2 mg/2 mL	10 mg     1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle  0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles  1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self-administration mask.	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 2 2 2 2
FILTER NEEDLES	5 micron	3
NON-FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in drug box) DEXTROSE, 5% in water LACTATED RINGER'S NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag 1 L bag 250 mL bag	1 4 - 8 4 - 8 3

\* Administer by nebulizer

Note: Per Arizona Administrative Code R9-25-803, only appropriate levels of EMT personnel educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this section) and approved by their base hospital medical director may monitor patients on the listed medications during interfacility transports.

### EMT-B DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ASPIRIN	81 - 325 mg	36 - 100

### Exhibit 2. Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel

IV INFUSIONS	EMT-B	EMT-I	QUALIFIED EMT-I and EMT-P	INFUSION PUMP
AMIODARONE		X	X	X
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS PROCAINAMIDE HCl			X	X
BRETYLIUM TOSYLATE			X	X
BLOOD			X	
CALCIUM CHLORIDE			X	X
COLLOIDS DEXTRAN HETASTARCH SERUM ALBUMIN MANNITOL PLASMANATE		X X X	X X X	X X X
CORTICOSTEROIDS		X	X	X
DILTIAZEM			X	X
DIURETICS			X	X
DOPAMINE HCl			X	X
EPINEPHRINE HCl			X	X
FOSPHENYTOIN Na			X	X
GLYCOPROTEIN IIb/IIIa Inhibitors ABCIXIMAB (Reopro ®) EPTIFIBATIDE (Integrelin ®) TIROFIBAN (Aggrastat ®)			X X X	X X X
HEPARIN Na			X	X
LIDOCAINE HCl			X	X
MAGNESIUM SULFATE			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X
POTASSIUM SALTS			X	X

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SODIUM BICARBONATE		X	X	
THEOPHYLLINE			X	X
TOTAL PARENTERAL NUTRITION			X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ CRYSTALLOIDS (COMMERCIAL PREPARATIONS)	X	X	X	

Notes:

1. Only an EMT-P may monitor an intravenous infusion via a central line.
2. Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.

**R9-25-804. Protocol for Selection of a Health Care Institution for Emergency Medical**

**Patient Transport**

- A. In this Section:
  - 1. "Emergency receiving facility " has the same meaning as in A.R.S. § 36-2201.
  - 2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.
- B. An EMT shall, except as provided in subsection(C), transport an emergency medical patient to an emergency receiving facility.
- C. Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate health care institution, if the EMT:
  - 1. Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;
  - 2. Provides the emergency medical patient with a written list of health care institutions that are available to deliver emergency medical care to the emergency medical patient. The list shall:
    - a. Include the name, address, and telephone number of each health care institution;
    - b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and
    - c. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and
  - 3. Determines, based upon medical direction, the health care institution to which the emergency medical patient may be transported, based on the following:
    - a. The patient's:
      - i. Medical condition,
      - ii. Choice of health care institution, and
      - iii. Health care provider; and

- b. The location of the health care institution and the emergency medical resources available at the health care institution.
- D. Before initiating transport of an emergency medical patient, an EMT, emergency medical services provider, or ambulance service shall notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMT's intent to transport the emergency medical patient to the health care institution.
- E. An EMT transporting an emergency medical patient to a health care institution that is not an emergency receiving facility shall transfer care of the emergency medical patient to a designee authorized by:
  - 1. A physician licensed under A.R.S. Title 32, Chapter 13 or 17;
  - 2. A physician assistant licensed under A.R.S. Title 32, Chapter 25; or
  - 3. A registered nurse licensed under A.R.S. Title 32, Chapter 15.
- F. Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.
- G. An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an emergency medical patient under subsections (C), (D), and (E) .

**R9-25-805. Protocol for IV Access by an EMT-B**

- A. In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.
- B. An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.
- C. Before performing IV access, an EMT-B trained in IV access shall have received prior written approval from the EMT-B's EMS provider agency and from an administrative medical director who agrees to provide medical direction for the EMT-B.
- D. An EMT-B shall perform IV access only under "on line" medical direction, under standing orders approved by the administrative medical director, or under the direction of a currently certified EMT-I or EMT-P who is also attending the patient upon whom the EMT-B is to perform the procedure.
- E. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's IV access attempts.
- F. An EMT-B trained in this optional procedure shall have a minimum of 5 IV starts per year. If less than 5, the EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of 5 IV starts.

**Exhibit 1. Lecture/Lab Vascular Access for EMT-Basics**

Lecture/Lab

**Vascular Access for EMT-Basics**

Course Description:

Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.

Prerequisites:

Certified EMT-Basic, under Medical Direction

Course Competencies:

This course is designed to develop the following course competencies:

- 1. Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);
- 2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);
- 3. Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);
- 4. Select fluids; set up and manage equipment (IV);
- 5. Identify and demonstrate aseptic and safety techniques (V);
- 6. Identify and describe indications and contraindications for intravenous site selection (VI);
- 7. Perform all peripheral intravenous cannulation techniques (VII);
- 8. Perform blood drawing techniques (VIII);
- 9. Monitor infusion (IX);
- 10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);
- 11. Demonstrate 85% proficiency on a written examination (XI).

**Exhibit 2. Course Outline**

Vascular Access for EMT-Basic

COURSE OUTLINE

- I. Indications for Vascular Access
  - A. Restore fluid volume
  - B. Restore and maintain electrolyte balance
  - C. Administration of medications
  - D. Obtaining blood specimen
- II. Identification of common vascular sites
- III. Intravenous Solutions
  - A. Isotonic
  - B. Hypotonic
  - C. Hypertonic
  - D. Indications for each
- IV. Needle/Catheters and Intravenous Administration Sets
  - A. Types
  - B. Sizes
  - C. Administration sets
  - D. Set-up
- V. Asepsis and Safety
  - A. Site preparation
  - B. Universal precautions
  - C. "Sharp" disposal
- VI. Site selection
- VII. Peripheral Intravenous Cannulation
- VIII. Drawing Blood
  - A. Indication
  - B. Site preparation
  - C. Universal precautions
  - D. Labeling specimen(s)
  - E. "Sharp" disposal
  - F. Documentation
- IX. Monitoring the Intravenous Infusion
  - A. Calculation of rate of infusion
  - B. Signs and symptoms of infiltration and extravasation
  - C. Techniques for removal
  - D. Documentation
- X. Practicals
  - A. Mannequin
  - B. Human subjects
- XI. Final Written Examinations

**R9-25-806. Testing of Medical Treatments, Procedures, Medications, and Techniques That May Be Administered or Performed By an EMT**

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMT or an emergency medical services provider.
- B. Before authorizing any test and evaluation pursuant to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).



- C. The Department director shall consider approval of a test and evaluation conducted pursuant to subsection (A), only if a written request for testing and evaluation:
1. Is submitted to the Department director from:
    - a. The Department,
    - b. A state agency other than the Department,
    - c. A political subdivision of this state,
    - d. An EMT ,
    - e. An emergency medical services provider,
    - f. An ambulance service, or
    - g. A member of the public; and
  2. Includes:
    - a. A cover letter, signed and dated by the individual making the request;
    - b. An identification of the person conducting the test and evaluation;
    - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
    - d. An explanation of the reasons for and the benefits of the test and evaluation;
    - e. The scope of the test and evaluation, including the:
      - i. Projected number of individuals, EMTs, emergency medical services providers, or ambulance services involved; and
      - ii. Proposed length of time required to complete the test and evaluation; and
    - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D. The Department director shall approve a test and evaluation if:
1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
  2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
  3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
    - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
    - b. Improve patient care; or
    - c. Benefit the public's health, safety, or welfare.
- E. Within 180 days of receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
- a. An identification of the test and evaluation;
  - b. A detailed evaluation of the test; and
  - c. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

**R9-25-807. Protocol for a Paramedic to Practice Knowledge and Skills in a Hazardous Materials Incident**

- A. In this Section:
  - 1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
  - 2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
  - 3. "Drug" has the same meaning as in A.R.S. § 32-1901.
- B. An EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).
- C. An EMT-P shall complete hazardous materials training that:
  - 1. Includes at least 16 clock hours covering the:
    - a. Principles of managing a hazardous materials incident;
    - b. Role of medical direction in the management of a hazardous materials incident;
    - c. Human and material resources necessary for the management of a hazardous materials incident;
    - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
    - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
    - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
    - g. Routes by which an emergency medical patient may be exposed to a hazardous material;
    - h. Decontamination of an emergency medical patient exposed to a hazardous material;
    - i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
    - j. Medical management of an emergency medical patient exposed to each type of hazardous material;
    - k. Possible contents of a hazardous materials drug box; and
    - l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;
  - 2. Requires the EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and
  - 3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).
- D. Every 24 months after meeting the requirements in subsection (C), an EMT-P shall complete hazardous materials training that:
  - 1. Includes subject matter listed in subsection (C)(1),

2. Requires the EMT-P to demonstrate competency in the subject matter completed, and
  3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).
- E. An administrative medical director of an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:
1. Maintain for Department review and inspection written evidence that the EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:
    - a. The name of the hazardous materials training,
    - b. The date the hazardous materials training was completed, and
    - c. A signed and dated attestation from the administrative medical director that the hazardous materials training is approved; and
  2. Ensure that the EMT-P submits to each emergency medical services provider or ambulance service for whom the EMT-P is acting as an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).
- F. An EMT-P authorized under this section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.

**R9-25-808. Protocol for an EMT-B to Perform Endotracheal Intubation**

- A. Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction .
- B. An EMT-B is authorized to perform endotracheal intubation only after completing training that:
  1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
  2. Is approved by the EMT-B's administrative medical director.
- C. An EMT-B shall perform endotracheal intubation as:
  1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and
  2. Authorized by the EMT-B's administrative medical director.
- D. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.